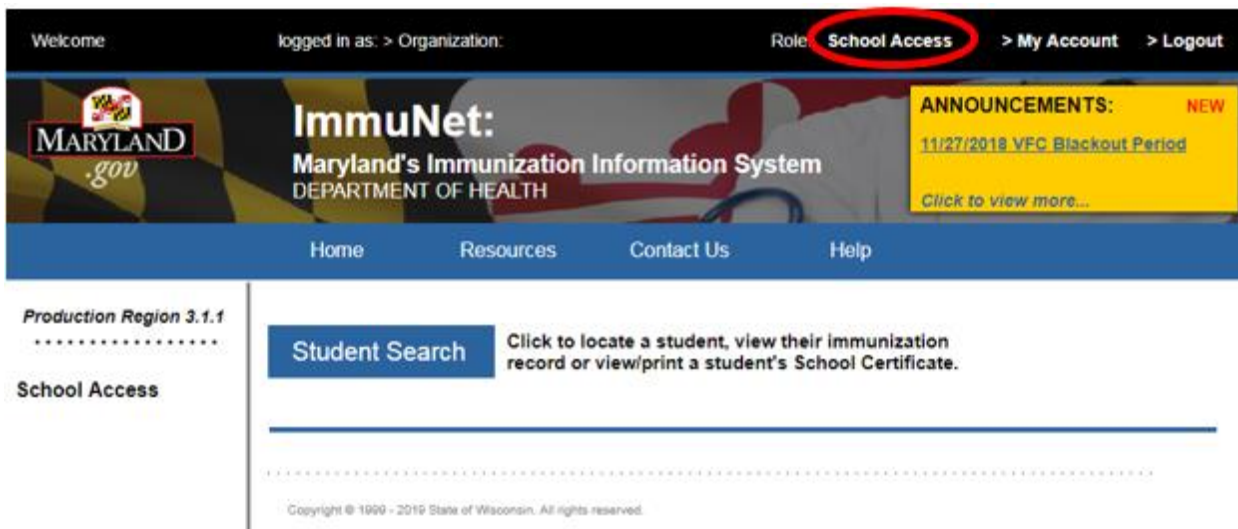


Welcome to ImmuNet!

As an ImmuNet user with a role of School Access you will be able to:

- [Search for the immunization record](#)
- [View the immunization record](#)
- [Print the Immunization Certificate](#)
- [Save the Immunization Certificate](#)
- [Change your ImmuNet password](#)

Your main screen will look like this:



## Search for the Immunization Record

On the left navigator click **School Access**, **Student Search**

### School Access

> Student Search

or click the [blue](#) button **Student Search**.

**Student Search**

Type in the **Last Name**, **First Name**, and **Birth Date** and click **Search**.



Home Resources Contact Us Help

Production Region 3.1.1  
\*\*\*\*\*

School Access

### Student Search

Last Name  ImmuNet ID  **Search**

First Name  **Clear**

Middle Name  **Cancel**

Birth Date

Phone  -  -

Gender

Mother's Maiden Last

Mother's First Name

If there are no records for the student, you will see this message:

### Student Search Criteria / Results

Last Name  patient ImmuNet ID  **Search**

First Name  test **Cancel**

Middle Name

Birth Date  01/01/2001

Phone  -  -

Gender

Mother's Maiden Last

Mother's First Name

Possible Matches: 0

Last Name	First Name	Middle Name	Birth Date	Gender
No patients were found for the requested search criteria.				


If you find the student, click on the [blue](#) last name link for the student's last name.

**Student Search Criteria / Results**

Last Name  ImmuNet ID

First Name

Middle Name

Birth Date  

Phone  -  -

Gender

Mother's Maiden Last

Mother's First Name

Possible Matches: 1

Last Name	First Name	Middle Name	Birth Date	Gender
<u>PATIENT</u>	TEST		02/23/2009	M

## View the Immunization Record

History					
Vaccine Group	Date Administered	Series	Trade Name [Vaccine]	Dose	Reaction
DTP/aP	<a href="#">11/11/2015</a>	1 of 5	Kinrix®	Full	
HepA	<a href="#">05/27/2016</a>	1 of 2		Full	
Hib	<a href="#">05/27/2016</a>			Full	
	<a href="#">06/01/2016</a>			Full	
MMR	<a href="#">11/11/2015</a>	1 of 2	Proquad®	Full	
Pneumo-Poly	<a href="#">04/18/2016</a>	1 of 2	Prenar 13®	Full	
Polio	<a href="#">11/11/2015</a>	1 of 3	Kinrix®	Full	
Varicella	<a href="#">11/11/2015</a>	1 of 2	Proquad®	Full	
Current Age: 10 years, 1 month, 4 days					
Vaccines Recommended by Selected Tracking Schedule					
Vaccine Group	Recommended Vaccine	Earliest Date	Recommended Date	Overdue Date	Latest Date
<a href="#">DTP/aP</a>	Maximum Age Exceeded				
<a href="#">HepA</a>		11/27/2016	11/27/2016	12/27/2017	
<a href="#">HepB</a>		02/23/2009	02/23/2009	03/23/2009	
<a href="#">Hib</a>	Maximum Age Exceeded				
<a href="#">HPV</a>		02/23/2018	02/23/2020	03/23/2022	02/22/2024
<a href="#">Influenza</a>		08/23/2009	08/01/2018	02/23/2010	
<a href="#">Meningo</a>		02/23/2020	02/23/2020	02/23/2022	02/22/2031
<a href="#">MMR</a>		12/09/2015	12/09/2015	01/11/2016	
<a href="#">Pneumo-Poly</a>	Pneumococcal 23	02/23/2074	02/23/2074	02/23/2076	
<a href="#">Polio</a>		12/09/2015	12/09/2015	02/11/2016	
<a href="#">Td</a>	Tdap > 7 years	02/23/2016	02/23/2016	02/23/2016	
<a href="#">Tdap</a>	Tdap > 7 years	02/23/2016	02/23/2020	02/23/2022	
<a href="#">Varicella</a>		02/03/2016	02/03/2016	03/23/2016	



To view the immunization record, click the [blue](#) button **MD 896 School Cert.**

<b>Student Information</b>	<b>Print</b>	<b>Print Confidential</b>	<b>MD 896 School Cert.</b>	<b>Blood Lead</b>	<b>Cancel</b>
Student Name (First - MI - Last)	DOB		Gender	Tracking Schedule	
TEST PATIENT	02/23/2009		M	ACIP	
Comments					

**MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE**

CHILD'S NAME		PATIENT		TEST									
		LAST		FIRST MI									
SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		BIRTHDATE 02/23/2009											
COUNTY Montgomery		SCHOOL		GRADE									
PARENT OR GUARDIAN	NAME KIA SMITH		PHONE NO.										
	ADDRESS 3513 SILVER PARK DRIVE		CITY TAKOMA PARK		ZIP 20913								
<b>RECORD OF IMMUNIZATIONS (See Notes on Other Side)</b>													
	Vaccines Type												
Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Mo/Day/Yr
1	11/11/2015	11/11/2015							1	05/27/2016	11/11/2015	11/11/2015	
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	MMII Mo/Day/Yr	Other Mo/Day/Yr
4													
5													
To the best of my knowledge, the vaccines listed above were administered as indicated.													
1. Signature _____ Title _____ Date _____ (Medical provider, local health department official, school official, or child care provider only)										Clinic / Office Name Office Address/ Phone Number			
2. Signature _____ Title _____ Date _____										Archbishop Borders School 3500 Foster Ave. BALTIMORE, MD 21224 (410) 276-6534			
3. Signature _____ Title _____ Date _____										MDH - Maryland ImmuNet Immunization Registry Program 201 W. Preston St., 3rd floor Baltimore, MD 21201 (410)-767-6606			
Lines 2 and 3 are for certification of vaccines given after the initial													

**COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.**

**MEDICAL CONTRAINDICATION:**

Please check the appropriate box to describe the medical contraindication.

This is a ☐ Permanent condition OR ☐ Temporary condition until \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Medical Provider / LHD Official

**RELIGIOUS OBJECTION:**

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Print the Immunization Certificate

To print, right-click directly on the certificate and click **Print**



**MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE**

CHILD'S NAME: LAST FIRST MI  
SEX: MALE ☒ FEMALE ☐ BIRTHDATE: 02/11/2009  
COUNTY: Montgomery SCHOOL: GRADE:  
PARENT OR GUARDIAN NAME: KID SMITH PHONE NO.:  
ADDRESS: 100 MYLER PARK DRIVE CITY: TAKOMA PARK ZIP: 20912

**RECORD OF IMMUNIZATIONS (See Notes on Other Side)**

Vaccine Type	1st Dose	2nd Dose	3rd Dose	4th Dose	5th Dose	6th Dose	7th Dose	8th Dose	9th Dose	10th Dose	11th Dose	12th Dose	13th Dose	14th Dose	15th Dose	16th Dose	17th Dose	18th Dose	19th Dose	20th Dose
MM	02/11/2009	02/11/2010																		
DTaP																				
Polio																				
Hib																				
MMR2																				
MMR3																				
MMR4																				
MMR5																				
MMR6																				
MMR7																				
MMR8																				
MMR9																				
MMR10																				
MMR11																				
MMR12																				
MMR13																				
MMR14																				
MMR15																				
MMR16																				
MMR17																				
MMR18																				
MMR19																				
MMR20																				

To the best of my knowledge, the vaccines listed above were administered to the child on the dates indicated.

1. Signature: Title: Date: (Medical provider, local health department official, school official, or child care provider only)

2. Signature: Title: Date:

3. Signature: Title: Date: (Lines 2 and 3 are for certification of vaccines given after the initial)

Office Name: Phone Number:

MDH - Maryland Department of Health  
201 W. Preston St., 3rd Floor  
Baltimore, MD 21201  
(410) 767-6000

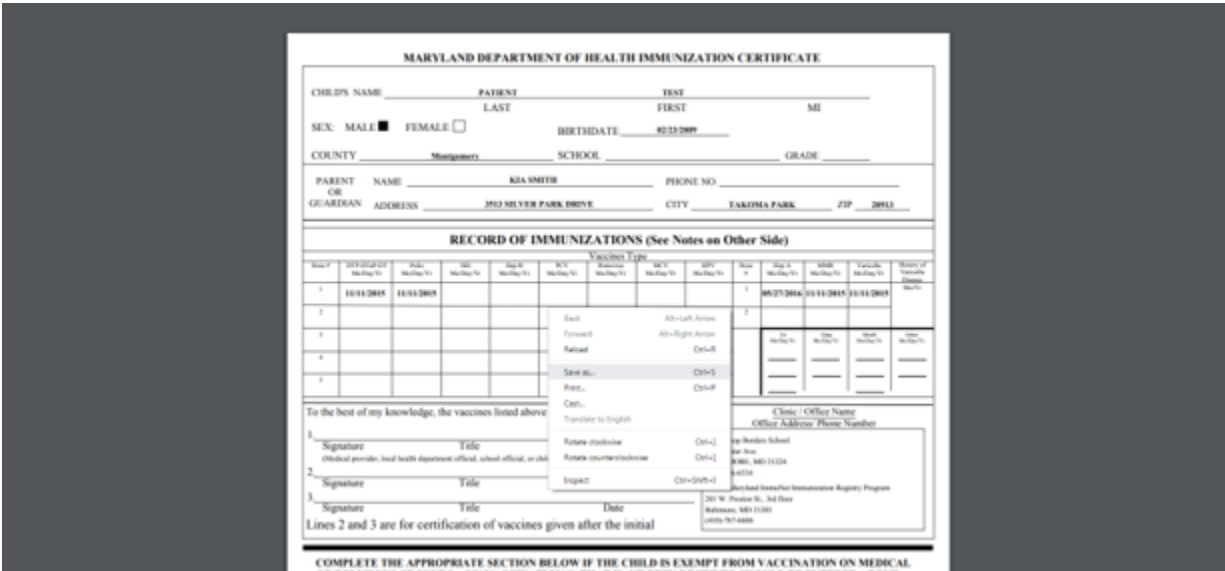
COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATIONS THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

or click the printer icon in top-right corner of the screen.



## Save the Immunization Certificate

To save, right-click directly on the certificate and click **Save as**.




or click the down-arrow icon in the top-right corner of the screen.



## Change your ImmuNet Password

To change your ImmuNet password, click **My Account**.



On the left navigator click **Manage My Account, Change My Password**



## Applications

### Manage My Account

> Change My Password

> Edit My User Account

Security Questions >

Type in a new password in the **New Password** field and again in the **Confirm New Password** field, keeping in mind the guidelines for creating a new password.

Click Save.

**Change Password**

Password re-set rules:

**Save**

1. Password must include a mix of upper and lower case characters.
2. Password must contain at least 1 number(s).
3. Password must be at least 8 characters in length.
4. New Password cannot match a previously used password.

**User** School Access User  
**Username** saccessuser

\* New Password

\* Confirm New Password

If your password is accepted, you will see the following message in **red** at the top of the screen (if not, you will have to type a different password into the fields New Password and Confirm New Password and click Save):

**\*\* Password Updated, to access ImmuNet click on "ImmuNet" within the main menu on the left under Applications. \*\***

**Change Password**

Password re-set rules:

**Save**

1. Password must include a mix of upper and lower case characters.
2. Password must contain at least 1 number(s).
3. Password must be at least 8 characters in length.
4. New Password cannot match a previously used password.

**User** School Access User  
**Username** saccessuser

\* New Password

\* Confirm New Password





To access ImmuNet Click **Applications, ImmuNet.**

## Applications

> ImmuNet

Click on the [blue](#) organization name link or

click on the appropriate organization link for which you are trying to access, if you have access to more than one organization.

Select an Organization link below to access ImmuNet.

Select one Organization as your default.

Default Org	Organization Listing
	<a href="#">School</a>